## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective October 1, 2003  |   |   |                                 |                                    |                  |                  |      |         | 10. 15                 | .7    | 4.5                 |                        |
|--|---|---|---------------------------------|------------------------------------|------------------|------------------|------|---------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I   |   |   |                                 |                                    |                  |                  |      |         | ENTITY                 |       |                     | R THAN                 |
| <u> -</u>  | OTAL OLAWA  | (Colum                                    | (Column 1) (                    |                                    | (Column 2)       |                  | TYPE |         | OR                     | SMALL | ENTITY              |                        |
| TOTAL CLAIMS   |   |   | 21                              |                                    |                  |                  |      | RATE    | FEE                    | ].    | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED                    |                                    | NUMBER EXTRA     |                  | 1    | BASIC F | EE 385.00              | OR    | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 27 minus 20=                    |                                    | . 7              |                  |      | X\$ 9=  | 63                     | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS   |   |   | Z_minus 3 =                     |                                    | <u> </u>         |                  |      | X43=    |                        | OR    | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PI  |   |   | RESENT                          |                                    |                  |                  |      | +145=   |                        | OR    | +290=               |                        |
| * If the difference in column 1 is   |   |   | less than zero, enter "0" in co |                                    |                  | column 2         | Į    | TOTAL   |                        | OR    | L                   |                        |
| CLAIMS AS AMENDED - PART II  |   |   |                                 |                                    |                  |                  |      |         |                        |       | OTHER               | THAN                   |
| 4-2607 (Column 1)  |   |   |                                 |                                    |                  | (Column 3)       | _    | SMALI   | LENTITY                | OR    | SMAĻL               | ENTITY                 |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                               | HIGH<br>NUME<br>PREVIO<br>PAID I   | BER              | PRESENT<br>EXTRA |      | RATE    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | .25                                       | Minus                           | -2                                 | 7                | = ()             |      | X\$ 9=  |                        | OR    | X\$18=              |                        |
|  | Independent   | * /                                       | Minus                           | ***                                | 3                |                  |      | X43=    | <i>Y</i>               | OR    | X86=                |                        |
| L_   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                 |                                    |                  |                  |      | +145#   | 1                      | OR    | +290=               |                        |
| •  |   |   |                                 |                                    |                  |                  |      |         |                        | اا    | TOTAL               |                        |
| ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE                                 |   |   |                                 |                                    |                  |                  |      |         |                        |       |                     | ·                      |
| Г  | I   | (Column 1)<br>CLAIMS                      | T                               | (COIUII                            |                  | (Column 3)       | ı    |         | T 4551                 | 1     |                     |                        |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                 | NUME<br>PREVIO<br>PAID F           | BER<br>USLY      | PRESENT<br>EXTRA |      | RATE    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •   | Minus                           | **                                 | •                |                  |      | X\$ 9=  |                        | OR    | X\$18=              |                        |
|  | Independent   | * NTATION OF MI                           | Minus                           | PENDENT                            | CLAIM            | =                |      | X43=    |                        | OR    | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |   |                                 |                                    |                  |                  |      | +145=   |                        | OR    | +290=               |                        |
|  |   |   |                                 |                                    |                  |                  | IA   | TOTAL   |                        | OR ,  | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                                 |                                    |                  |                  |      |         |                        |       |                     |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGHE<br>NUMB<br>PREVIOI<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA |      | RATE    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                           | **                                 |                  | =                | Γ    | X\$ 9=  |                        | OR    | X\$18=              |                        |
|  | Independent   | *   | Minus                           | ***                                |                  | =                |      | X43=    |                        | OR    | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                 |                                    |                  |                  |      |         |                        |       |                     |                        |
| • If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. |   |   |                                 |                                    |                  |                  |      |         | OR [                   | +290= |                     |                        |
| ***  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                 |                                    |                  |                  |      |         |                        |       |                     |                        |